

FORM NLRB-501
(2-08)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case
08-CA-208319Date Filed
10/20/17

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Midwest Terminals of Toledo International, Inc.		b. Tel. No. 419-698-8171
		c. Cell No. 419-697-2715
d. Address (street, city, state, ZIP code) 3518 Saint Lawrence Drive Toledo, Ohio 43605-1079	e. Employer Representative Christopher Blakely, Human Resources Manager	f. Fax No. 419-697-2744
		g. e-Mail chris.blakely@mwtti.com
		h. Number of workers employed About 30
i. Type of Establishment (factory, mine, wholesaler, etc.) Dock Warehouse	j. Identify principal product or service Stevedore	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Since on or about May 1, 2017, and on a continuous basis thereafter, the Employer has had managers and non-bargaining unit employees perform bargaining unit work without exhausting the available bargaining unit work force and without attempting to secure additional casual employees. The Employer made this change to work practices without notifying the Union or providing the Union an opportunity to bargain over the change.		
3. Full name of party filing charge (if labor organization, give full name, including local name and number) International Longshoremen Association, Local 1982		
4a. Address (street and number, city, state, and ZIP code) 2300 Ashland Avenue Suite 225 Toledo, Ohio 43620-1280		4b. Tel. No.
		4c. Cell No. 216-210-2798
		4d. Fax No. 989-423-0036
5. Full name of national or international labor organization of which it is affiliate or constituent unit (to be filled in when charge is filed by a labor organization) International Longshoremen Association		
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. By <u>William E. Yockey</u> (signature of representative or person making charge) Address same as above		Tel. No. Office, if any Cell No. Same as above Fax No. e-Mail acdvp@weyockey.com
William Yockey, ILA Vice President (Print type name and title or office, if any) 4 10/19/17 (date)		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigations. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Applicant Exhibit C